

**CARGO APPLICATION**

Date: \_\_\_\_\_

Name of Broker: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Address of Insured: \_\_\_\_\_

1. How long established? \_\_\_\_\_ Years.
2. Specific kind of merchandise or property carried. General merchandise is not acceptable. Please list percentage of each commodity carried.

\_\_\_\_\_

\_\_\_\_\_

3. Type of Bill of Lading:       Full Value Declared       Released Bill

4. a) Schedule of Vehicles:

Year	Make	Tonnage	Description	Owned or Leased	Serial No.	Limit of Liability (Cargo Insurance)

b) Are vehicles equipped with refrigerated units?       Yes       No

5. a) Driver's experience and their driving record.

\_\_\_\_\_

b) Are safety and incentive programs in force? Please specify: \_\_\_\_\_

\_\_\_\_\_

6. a) Radius of operations: \_\_\_\_\_

b) What approximate percentages of operations are

- less than 200 kilometers? \_\_\_\_\_%
- less than 500 but over 200 kilometers? \_\_\_\_\_%
- over 500 kilometers? \_\_\_\_\_%

c) Any U.S.A. operations/exposures?  Yes  No

7. Is any regulatory authority filing required? If so, please advise the reference number: \_\_\_\_\_  
\_\_\_\_\_

8. Are vehicles left loaded and unattended in terminals or otherwise overnight? If so, give details of security precautions taken to protect vehicle and cargo.  
\_\_\_\_\_  
\_\_\_\_\_

9. Previous Carrier \_\_\_\_\_ Policy No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

10. Loss experience: State all losses or claims experienced in the last 5 years. Please specify date, cause and amount of loss incurred:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Has any insurer cancelled, declined or refused to renew or issue insurance related to the applicant's business operations in the past 5 years?  
 Yes  No

If yes, please give provide details: \_\_\_\_\_  
\_\_\_\_\_

12. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
(Insured)

Dated: \_\_\_\_\_